

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	TM	5C8611	2/28/01
<b>RESPONSE FORMALITY REVIEW</b>	SG	1077	4/24/01
			8/11/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	4/26/01
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Best Available Copy

If more than 150 claims or 10 actions  
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02/23/01  
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